# LICENSURE APPLICATION TEACHER-ADMINISTRATOR-SPECIALIST RENEWAL



(Class 1, 2, 3, 4 or 6)

F gplug'Lwpgcw, Superintendent Montana Office of Public Instruction PO Box 202501 Helena, Montana 59620-2501 ATTN: Educator Licensure (406) 444-3150 www.opi.mt.gov

#### -NOTICE-

### APPLICATIONS MORE THAN ONE YEAR OLD WILL BE DESTROYED.

Apply after January 1 of the year of expiration.

Fully complete licensure applications are processed in approximately 2-3 weeks during the months of November through April and 4-6 weeks during the months of May through October due to the

MUST be completed in black ink.				volu	volume of requests.			
Applicant:								
Last Name First Na		rst Name Mid		me	Former Name(s)			
Addragg (Street D	ED Dow)							
Address:(Street, R	rD, B0x)							
City				State			ZIP	
E-Mail Address:								
Folio No.	Social Security No.		Date of Birth		Home	e Phone		Work Phone
Renewing: (Please select one or more)  Class 1 Professional Class 2 Standard Class 3 Administrative Class 4 Career and Vocational/Technical Class 6 Specialist						Fee Enclosed—Renewal fee: \$30 per license. (Section 20-4-109, MCA)		
"I solemi Montana		will supp	oort The Constitut	tion of the U	nited St	ates of America		n Educator License application: ne Constitution of the State of

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**Renewal Requirements:** 1 semester credit = 15 OPI renewal units

1 quarter credit = 10 OPI renewal units

1 hour of attendance at a workshop = 1 OPI renewal unit

CLASS	DESCRIPTION	REQUIREMENTS
1 & 3	PROFESSIONAL TEACHING AND ADMINISTRATIVE	60 OPI renewal units
2	STANDARD TEACHING	College credit and OPI renewal units:  3 semester credits and 15 OPI renewal units; or 4 semester credits; or 4 quarter credits and 20 OPI renewal units; or 5 quarter credits and 10 OPI renewal units; or 6 quarter credits
4C	VOCATIONAL	Same as Class 2 above. Specific course content required for first renewal. (See 10.57.423)
4A & 4B	VOCATIONAL – Bachelor's degree	Same as Class 2 above. Specific course content required for first renewal. (See 10.57.422)
4A & 4B	VOCATIONAL – Master's degree	Same as Class 1 and Class 3 above. Specific course content required for first renewal. (See 10.57.421)
6	SPECIALIST (School Psychologist or School Counselor)	60 OPI renewal units or any combination of OPI renewal units and <b>graduate</b> level credits

#### **NOTES:**

- All renewal units and college credits must be earned and awarded during the valid term of the license.
- All academic credit must be earned from an accredited institution.
- All non-academic credit programs must be authorized by an "Approved Provider" of renewal unit credit. Government agenciese(field state, tribal, county, city) and professional education organization may be "Approved Providers" by agreeing to adopt rules in agreement the OPI
- Educators licensed in Montana who are living out of state and participate in another state's validated professional developmentivities other than college/university credit, may use these renewal unit activities when the intent and structure of the process assures the meeting or exceeding of Montana renewal unit requirements for licensure. Educators licensed in Montana who are living in state and wislparticipate in professional development activities offered by providers who have not been approved as a renewal unit provider, may apply to the OPI for approval prior to beginning the program.

Institution		ttended	Total Credits Earned		
Histitution	From	To	Semester	Quarter	
TOTAL					

Check here if your transcripts are coming directly from the college or university.
List approved OPI renewal units (continuing education units) earned since the validation date of the last license.

Date	Approved Provider	In-Service Title	Renewal Units Earned
TOTAL			

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## MONTANA EDUCATOR LICENSURE APPLICATION CHARACTER AND FITNESS INFORMATION

Last Name First Name Middle Initial Former Name					Name(s)		
Mailing Address: (Street, RFD, PO Box)  City  State						ZIP	
Social	Security Number						
Do	you currently hold a Montana Ed	ucator Licansa?				Yes	No
	-						
	you currently hold or have ever h dential in any other field?	eld a professional c	ertificate, license, or o	other			
	es, please provide: State or Jurisd			f License	e		
Cei Issi	tificate Number Expi	ration Date					
"Yo	swer each of the following questices," please attach a separate signate and the circumstances surround	ed, dated, and det			•	•	
	e questions apply to your experi te or country.	ences in Montana	or in any other	Yes	No	Informa Previou Provided t	sly
1	Have you ever had adverse action certificate, license, or other credition including teaching, or is any succession.	lential issued for pr					
	Adverse action includes, but is not limited to, letter of warning, reprimand, denial, suspension, revocation, voluntary surrender, cancellation or failure to renew.						
2	Have you ever resigned or been resign or retire from a professio of allegations of misconduct or	nal position or mili	tary service because				
	The scope of this question incluadministrative or specialist posiemployment contract or any oth teaching profession.	tion for failure or r	efusal to fulfill an				
				1			

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		Yes	No	I nformation Previously Provided to OPI		
3	Have you ever been convicted of a felony or misdemeanor crime in Montana or any other state or country or is any such action pending?					
	You may omit minor traffic violations, such as speeding tickets, but you must include DWIs, DUIs, reckless driving or similar violations. You must include cases in which you were found guilty, entered into a plea agreement, or entered a plea of "no contest" (or similar plea). We encourage you to be as inclusive as possible. If you are uncertain about whether to include a particular experience, contact OPI Legal Division at (406) 444-4402.					
	If the answer to this question is "Yes" please include the court name and address and the case name and number if available. If you have copies of court documents, please provide copies with your statement regarding the circumstances.					
I an info Offi eva courses  I he courses	Release of Information:  I am seeking a Montana Educator License. I hereby expressly and voluntarily authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information, to the Montana Office of Public Instruction and its agents. I understand and agree that such information may be necessary for the evaluation of my Educator Licensure Application. I release the Montana Office of Public Instruction and any agency, court, organization, company, institution, or person furnishing this information from any liability for damage that may result from any dissemination of the information requested. My signature below confirms this consent.  I hereby declare under penalty of perjury the information included in or with this supplement is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentation, or omission of material fact in or with this application may lead to the denial, revocation or suspension of the license I am seeking.					
Da	te Applicant Signature					
	For Office of Public Instruction Use Only:					
Fin	Fingerprint Background Check Complete Investigation Complete					
Application Approved: Date						
Со	mments:					

32/0;



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#### RENEWAL CHECKLIST

#### Please be aware that:

- Incomplete application files will be returned without action,
- Fees paid are nonrefundable,
- Renewal fees are \$30.00 per license,
- Transcripts can be sent directly from the college or university.

Have you completed all applicable sections of your application? Be sure to include date of birth, social security number, e-mail address, and physical address. (page 1)
Have you completed the Character and Fitness Information? (pages 3-4)
Have you made your check or money order for fees payable to the OPI?
Have you included original OPI renewal unit certificates and/or are of ficial college or university transcripts enclosed or coming directly to the OPI?

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